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UNITED STATES
DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
NATIONAL CAPITAL PARKS

MOTOR-VEHICLE ACCIDENT REPORT
U. S. PARK POLICE

USE TYPEWRITER OR WRITE PLAINLY IN INK

LOCATION OF ACCIDENT		TIME OCCURRED	
CITY	On <u>Red Circle Road</u>	St.	Date <u>3/22/55</u> , 19 <u>55</u>
	At or between <u>Upprte 1 Blly. Way 1</u>	St.	Day of the week <u>Tuesday</u>
	And _____	St.	
	In city or town of _____		Time <u>8:20</u>
RURAL			
On Highway No. _____, miles _____ of _____ (N. S. E. W.)			
And _____ feet _____ of _____ (N. S. E. W.)			
Or at intersection with Highway No. _____ (Be as accurate and explicit as possible.)			

VEHICLES INVOLVED IN ACCIDENT									
VEHICLE No. 1	Make <u>Plymouth</u>	Type <u>Sedan</u>	Year <u>built 1953</u>	Lic. No. <u>HA-4468</u>	State <u>DC</u>				
	Owner <u>Plimoyl Cab Co.</u>	(Name)	(Street address) <u>1735 1741 N.W.</u>	(City or town) <u>Md.</u>	<u>DC</u>	FOIA b6			
	Drive <u>[Redacted]</u>	(Name)	(Street address) <u>[Redacted]</u>	(City or town) <u>[Redacted]</u>					
	Age <u>35</u>	Sex <u>M</u>	Race <u>C</u>	Driving experience <u>18</u> yr.	Operator's } Chauffeur's } Lic. No. <u>543131</u>	State <u>DC</u>			
Direction <u>West</u>	(N. S. E. W.)	Point of impact <u>Right side</u>	(Right front, left side, etc.)	Estimated damage, <u>\$ 20.00</u>					
Date car was last inspected <u>1954</u>									
Estimated speed before accident <u>10 MPH</u>		Estimated speed at moment of impact <u>5 MPH</u>	Was car insured? (Yes or no) <u>Yes</u>	Lawful speed	Maximum safe speed under conditions	<u>20 MPH</u>			
VEHICLE No. 2	Make <u>Ford</u>	Type <u>Bus</u>	Year <u>built 1954</u>	Lic. No. <u>2815FN</u>	State <u>DC</u>				
	Owner <u>U.S. Park C.H.</u>	(Name)	(Street address) <u>2430 E ST N.W.</u>	(City or town) <u>DC</u>					
	Driver <u>[Redacted]</u>	(Name)	(Street address) <u>[Redacted]</u>	(City or town) <u>[Redacted]</u>	25X1A9a				
	Age <u>26</u>	Sex <u>M</u>	Race <u>C</u>	Driving experience <u>11</u> yr.	Operator's } Chauffeur's } Lic. No. <u>868978</u>	State <u>DC</u>			
Direction <u>West</u>	(N. S. E. W.)	Point of impact <u>Left Front</u>	(Right front, left side, etc.)	Estimated damage, <u>\$ 30.00</u>					
Date car was last inspected <u>1954</u>									
Estimated speed before accident <u>Stopped</u>		Estimated speed at moment of impact <u>3 MPH</u>	Was car insured? (Yes or no)	Lawful speed	Maximum safe speed under conditions	<u>20 MPH</u>			
VEHICLE No. 3	Make _____	Type _____	Year _____	Lic. No. _____	State _____				
	Owner _____	(Name)	(Street address)	(City or town)					
	Driver _____	(Name)	(Street address)	(City or town)					
	Age _____	Sex _____	Race _____	Driving experience _____ yr.	Operator's } Chauffeur's } Lic. No. _____	State _____			
Direction _____	(N. S. E. W.)	Point of impact _____	(Right front, left side, etc.)	Estimated damage, <u>\$</u> _____					
Date car was last inspected _____									
Estimated speed before accident _____		Estimated speed at moment of impact _____	Was car insured? (Yes or no)	Lawful speed	Maximum safe speed under conditions	<u>50.00</u>			

NAME AND ADDRESS	AGE	SEX	RACE	CHECK	DESCRIPTION OF INJURIES
Name <i>None</i>				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe
Address _____					
Name _____					
Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe
Name _____					
Address _____					
Name _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe
Address _____					
Name _____					
Address _____				<input type="checkbox"/> Injured. <input type="checkbox"/> Killed. <input type="checkbox"/> Pedestrian. Pass. in car _____	<input type="checkbox"/> Cuts. <input type="checkbox"/> Bruises. <input type="checkbox"/> Broken bones. <input type="checkbox"/> Internal injuries. <input type="checkbox"/> Shock. Describe
Name _____					
Address _____					

Injured were taken to _____ By _____

Are cars in running condition? _____ Stored at _____

Use this space for additional information. Attach separate sheets if necessary.

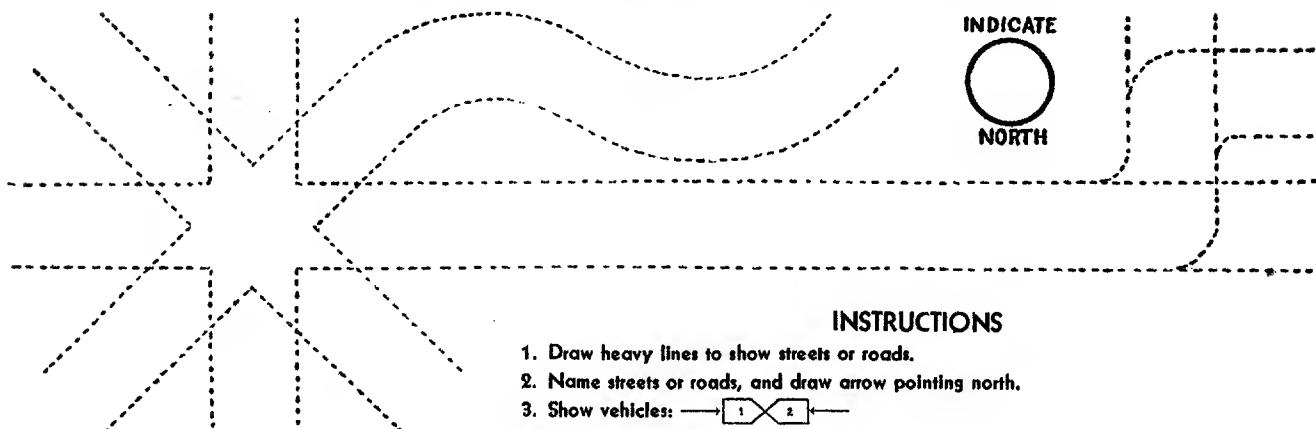
WITNESSES		
NAME	ADDRESS	AGE
<i>None</i>		

TYPE OF ACCIDENT	
Motor Vehicle With—	
<input checked="" type="checkbox"/>	1. Other motor vehicle.
	2. Pedestrian.
	3. Railroad train.
	4. Street car.
	5. Bicycle.
	6. Horse-drawn vehicle.
	7. Other vehicle.
	8. Animal.
	9. Fixed object.
	10. Noncollision.

LIGHT CONDITIONS	
<input checked="" type="checkbox"/>	1. Daylight.
	2. Dusk—Semidarkness.
	3. Darkness—Street lights.
	4. Darkness—No street lights.

WEATHER CONDITIONS	
<input checked="" type="checkbox"/>	1. Clear—Cloudy.
	2. Fog—Mist.
	3. Rain.
	4. Snow—Sleet.
	5. Smoke—Dust.

INDICATE ON THIS DIAGRAM WHAT HAPPENED



INSTRUCTIONS

1. Draw heavy lines to show streets or roads.
2. Name streets or roads, and draw arrow pointing north.
3. Show vehicles:
4. Show pedestrians:
5. Show railroads:
6. Draw vehicles at point of accident. Use dotted lines from point of accident to point of final rest.
7. Show bridges, poles, road signs, etc.
8. Give distance to identifying landmarks, and measurements from point of impact to edge of roadway, point of final rest, etc.

DESCRIBE ACCIDENT BRIEFLY

I was passing to 2 when he started to move and caught # on the right side

SIGNATURE O.J. Daniel
(Name of person submitting report)

(Street, city and State address)

3/22/55

(Date of report)

Operator
Occupant
Witness
Other

FOR OFFICIAL INVESTIGATOR ONLY

Arrested or Summoned (State which)	NAME	CHARGES	DISPOSITION

Did you witness the accident? No. Investigate at scene? Yes At hospital or doctor's office? No. Elsewhere? No.

Were photographs taken? No. Was first aid rendered? No. Time investigation began? 8:15 A. M. 3/22, 1955 Is investigation complete? Yes

SIGNATURE O.J. Daniel (Investigator's name) Rank Pat Badge No. 19
Department

1	2	3	Direction of Vehicle
			Approved For Release

- 1. Straight through.
- 2. Overtaking.
- 3. Forward from parking space.
- 4. Backward from parking space.
- 5. Other backing.
- 6. Right turn.
- 7. Left turn.
- 8. U-turn.
- 9. Slow down or stop.
- 10. Stopped in traffic.
- 11. Parked.
- 12. *Passing*

Check also if applies

- 1. Avoiding pedestrian.
- 2. Avoiding other vehicle.
- 3. Skidded.
- 4. Crowded off roadway.
- 5. Ran off roadway.
- 6. Lost control.
- 7. Car ran away—No driver.

1	2	3	Condition of Operator
			2001/03/01 CIA-RDP59-0082R000300330072-1

- 1. Intoxicated.
- 2. Had been drinking.
- 3. Had physical defect.
- What?
- 4. Asleep.
- 5. Fatigued.
- 6. Inattentive.
- 7. Confused by traffic.
- 8. Apparently normal.
- 9.

1	2	3	Condition of Vehicles
			1. Lights defective.
			2. Brakes defective.
			3. Steering defective.
			4. Puncture or blowout.
			5. Motor trouble.
			6. No apparent defects.
			7.

1	2	3	Action of Pedestrian
			1. Crossing at intersection—
			(a) With signal.
			(b) Against signal.
			(c) No signal.
			(d) Diagonally.
			2. Crossing between intersections.
			(a) Coming from behind parked car
			(b) Not coming from behind par. car
			3. Crossing rural highway.
			4. Walking in road—With traffic.
			5. Walk. in road—Against traffic.
			6. Playing in road or street.
			7. Working in road or street.
			8. Riding or hitching on vehicle.
			9. Waiting for or getting on or off streetcar—No safety zone.
			10. Same—Safety zone.
			11. Getting on or off other vehicle.
			12. Lying in roadway.
			13. Not in street or roadway.
			14.

1	2	3	Violations by Operators
			1. Exceeding speed limit.
			2. Speed too great for conditions.
			3. Improper passing—Hill.
			4. Improper passing—Curve.
			5. Improper passing—Intersec'n.
			6. Improper passing—Streetcar.
			7. Other improper passing (exp.).
			8. Wrong side of road.
			9. Did not have right of way.
			10. Failed to signal or imp. signal.
			11. Imp. turn—Wide right turn.
			12. Same—Cut corner on left turn.
			13. Same—Turn from wrong lane.
			14. Other improper turning.
			15. Imp. start from parked posit'n.
			16. Following too closely.
			17. Disregarded officer.
			18. Disregarded automatic signal.
			19. Disregarded STOP sign.
			20. Disregarded SLOW sign.
			21. Failed to stop at through highway—No sign.
			22. Drove through safety zone.
			23. Operating without lights.
			24. Improper parking.
			25. Failed to set out flags or flares.
			26. Failed to dim headlights.
			27. Other violations—Explain.
			28. No. violations.

Not Working	Working	Traffic Control
		1. R. R. crossing—Gates.
		2. Officer or watchman.
		3. Automatic signals.
		4. Flashing beacon.
		5. STOP signs.
		6. SLOW signs.
		7. Other warning signs.
		8. Roadway lines.
		9. No control present.
	<input checked="" type="checkbox"/>	10.

Condition of Pedestrian
1. Intoxicated.
2. Had been drinking.
3. Had physical defect.
What?
4. Confused by traffic.
5. Inattentive.
6. Apparently normal.
7.

Surface of Road		
		1. Dry.
	<input checked="" type="checkbox"/>	2. Wet.
		3. Snowy—Icy.
		4. Muddy.
		5. Oily.
		6.

Check also if applies		
		1. Slippery.
		2. Roadway under repair.
		3. Obstruction not lighted.
		4. Loose material.
		5. Holes in road.
		6. Soft or low shoulders.

Location of Accident		
Check one:		
<input checked="" type="checkbox"/>	1. Street or road is ██████████ .	
	2. Alley or driveway intersection.	
	3. Railroad crossing.	
	4. Bridge, culvert, overpass.	
	5. Underpass.	
	6. Other. *	

Check one:		
<input checked="" type="checkbox"/>	1. Straightaway.	
	2. Slight curve.	
	3. Sharp curve.	
	4. Winding road.	

Check one:		
<input checked="" type="checkbox"/>	1. Level.	
	2. Upgrade.	
	3. Downgrade.	
	4. Hill crest.	